10.717628

	PATENT	APPLICATION Effec	RD	Application or Docket Number 245768450776								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE		OR	OTHER	THAN
To	OTAL CLAIMS	}	11					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FI	₹ 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			// minus 20-					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•		j	X43=		OR	You	
м	JLTIPLE DEPE	NDENT CLAIM P	RESENT					.145		1		
* If the difference in column 1 is less than zero, enter "0" in column 2							·	+145=		OR	+290=	22.2
CLAIMS AS AMENDED - PART II								TOTAL	` -	OR	TOTAL OTHER	THAN
	9/2/05	(Column 1)	(Column 2) (Column 3)					SMALI	ENTITY	OR	SMALL	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT . EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· //	Minus	· 20	•	=,	1	X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus	3			-	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ī	+145=		ОЯ	+290=	
	•							TOTA		1	TOTAL	- "
(Column 1) (Column 2) (Column 3)								DDIT. FEI	<u> </u>	10	ADDIT, FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	44		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	T	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290 <u>÷</u>	
								TOTAL		OR	TOTAL ADDIT. FEE	
<u>:</u>	(Column 1) (Column 2) (Column 3)								· .			
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total:	•	Minus	**		= .		X\$ 9= [']		OR	X\$18=	
	Independent		Minus	***	-1 -7::	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	+145=			+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	+29U=	
***	f the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Paid	d For IN THIS	S SPACE is	less tha	n 3, enter "3."		TOTAL DOIT. FEE d in the ap	propriate box		ODIT. FEE	
			1.2.0.01		, ,	J		P	. ,	3-7-		. 1